

Report Year:

2010

12112

Temple Community Hospital

Los Angeles

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12112

Facility Name:

Temple Community Hospital

Address:

235 N. Hoover St.

City:

Los Angeles

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Hospital Owner/Licensee:

Temple Community Hospital/Herbert Needman

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Russel Tyner

Submission Date:

1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Acute Care I	235 N. Hoover St.	Retrofit	SPC2		01/01/2015

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For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

02

Acute Care II

Retrofit/Replacement  
Project:

Hazus-Planned

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12112	SL101268	0		06/09/2010		11/15/2010		OPEN	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Acute Care I

**Type of Service Provided**
☒ Nursing Inpatient Beds 72 Inpatient Days 6669

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 72

☒ Surgical

☐ Obstetrical Recovery

☒ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☒ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Acute Care II

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	66	Inpatient Days	6106
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	12	Inpatient Days	1532
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	20	Inpatient Days	3873

Total Beds this Building 98

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	
<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Administrative

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☒ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☒ Administration

☐ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Acute Care I

**Medical / Surgical (Include GYN)**Inpatient  
Bed 72Inpatient  
Days 6999**Acute Respiratory Care**Inpatient  
Bed 0Inpatient  
Days 0**Acute Psychiatric**Inpatient  
Bed 0Inpatient  
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed 0Inpatient  
Days 0**Burn**Inpatient  
Bed 0Inpatient  
Days 0**Skilled Nursing**Inpatient  
Bed 0Inpatient  
Days 0**Pediatric**Inpatient  
Bed 0Inpatient  
Days 0**intensive Care Newborn  
Nursery**Inpatient  
Bed 0Inpatient  
Days 0**Intermediate Card**Inpatient  
Bed 0Inpatient  
Days 0**Intensive Care**Inpatient  
Bed 0Inpatient  
Days 0**Rehabilitation  
Center**Inpatient  
Bed 0Inpatient  
Days 0**Int. Care / development  
Disabled**Inpatient  
Bed 0Inpatient  
Days 0**Coronary Care**Inpatient  
Bed 0Inpatient  
Days 0**Chemical  
Dependency**Inpatient  
Bed 0Inpatient  
Days 0**Total Beds this  
Building Per  
Unit**

72

**Total Beds this  
Building Per  
Service**

72

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Acute Care II

**Medical / Surgical (Include GYN)**

Inpatient Bed 66 Inpatient Days 6106

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 20 Inpatient Days 3877

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 6 Inpatient Days 766

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 6 Inpatient Days 766

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

98

**Total Beds this Building Per Service**

98



Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

03

Building Name:

Administrative

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Acute Care I	<input type="checkbox"/>
02	Acute Care II	<input type="checkbox"/>
03	Administrative	<input type="checkbox"/>

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Report Status: **Data Last Update:** 01/13/2011

**Submission Date:** 01/25/2011

**Print Date:** 1/26/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Acute Care I

### Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☒

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Acute Care II

### Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☒

Skilled Nursing

☒

Surgical

☐

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☐

Pharmaceutical

☒

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Administrative

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Acute Care I

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐☒

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐☐

Skilled Nursing

☐

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Acute Care II

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Administration

☒☒

Skilled Nursing

☐



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Administrative

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☒

Administration